Course Change Form

Date of Request: March 19, 2010
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Course Revision

1. Course Title: Stage Makeup II
   Prefix & Num: THEA 3223

2. Pre-requisite(s): THEA 1223 Stage Makeup
   Co-requisite(s): Instructor permission required: No
   Credits: 0.00
   Class Hours/Week: LEC: 3.00
   Clinical: 0.00
   LBC w/ cr: 0.00
   Practicum: 0.00
   LNC w/no cr: 0.00
   Independent Study: 0.00
   Credits: 0.00

3. Semester to be Implemented: Fall, 2010
   Day ☑ Extended Day ☐
   Grade type: Regular

   Lab Fee: 70
   Additional Fees: $0.00
   Potential WLF: 3.00

Explanation of Fees: This course deals with 3-D makeup effects from a 2 Part Cold Foam System. Each system with alginate costs $40.00 in addition to $20.00 for clay and moulder’s plaster plus $10.00 for plaster badages that aid the moulding process.

5. Is this course designed for a specific group? Yes
   Who? Theatre/Fine Arts Majors, those looking for further instruction in makeup design and prosthetics.

6. Catalog Description: ☑ Now in Print, or ☐ Proposed Below:
   Teaches the theory and practice of 3-Dimensional makeup through the creation and use of prosthetic appliances. Prerequisite: THEA 1223

7. Course justification (attach sheets if needed):
   Number change.

8. Are library resources adequate to support this change? Yes
   If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes
   If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No
    If yes, which G.E. area?
    If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
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Approval Signatures:

Department Chair: ______________________________
Date: 3-22-10

Associate Dean/Dean: ______________________________
Date: 3-22-10

Curriculum Chair: ______________________________
Date: __________

Academic VP: ______________________________
Date: __________